



ASSEMBLY TEST DATA and MAINTENANCE REPORT

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INCOMPLETE FORMS WILL NOT BE ACCEPTED					ACCOUNT NO:	
MAILING ADDRESS					Meter Reading	
MAILING ADDRESS					TRANSPONDER NUMBER	
LOCATION OF SERVICE						
TYPE OF ASSEMBLY:		MANUFACTURER:		MODEL NO.:	SIZE:	SERIAL NO.:
DATE:	TIME:	TEST:				
		<input type="checkbox"/> INITIAL	<input type="checkbox"/> SEMI-ANNUAL	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> OTHER - LIST	
SERVICE TYPE:					LINE PRESSURE AT TIME OF TEST: PSI	PRESSURE DROP ACROSS FIRST CHECK VALVE PSID
<input type="checkbox"/> DOMESTIC	<input type="checkbox"/> FIRE	<input type="checkbox"/> COMBINATION	<input type="checkbox"/> IRRIGATION	<input type="checkbox"/> OTHER		
	CHECK VALVE NO. 1		CHECK VALVE NO. 2		DIFFERENTIAL PRESSURE RELIEF VALVE	
INITIAL TEST	1. Leaked <input type="checkbox"/>		1. Leaked <input type="checkbox"/>		1. Opened at _____ PSID <input type="checkbox"/>	
	2. Closed at _____ PSID <input type="checkbox"/>		2. Closed at _____ PSID <input type="checkbox"/>		2. Did not open <input type="checkbox"/>	
REPAIRS	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seal <input type="checkbox"/> Diaphragm <input type="checkbox"/> "O" Rings <input type="checkbox"/> Complete Repair Kit <input type="checkbox"/> Other, Describe <input type="checkbox"/>		Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seal <input type="checkbox"/> Diaphragm <input type="checkbox"/> "O" Rings <input type="checkbox"/> Complete Repair Kit <input type="checkbox"/> Other, Describe <input type="checkbox"/>		Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm, Large <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Diaphragm, Small <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spacer, Lower <input type="checkbox"/> "O" Rings <input type="checkbox"/> Complete Repair Kit <input type="checkbox"/> Other, Describe <input type="checkbox"/>	
	Check Valve Leaked <input type="checkbox"/> Closed at _____ PSID <input type="checkbox"/>		Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc Air Inlet <input type="checkbox"/> Disc CV <input type="checkbox"/> Spring <input type="checkbox"/> Retainer <input type="checkbox"/> Guide <input type="checkbox"/> "O" Rings <input type="checkbox"/> Complete Repair Kit <input type="checkbox"/> Other, Describe <input type="checkbox"/>			
FINAL TEST	1. Leaked <input type="checkbox"/>		1. Leaked <input type="checkbox"/>		1. Opened at _____ PSID <input type="checkbox"/>	
	2. Closed at _____ PSID <input type="checkbox"/>		2. Closed at _____ PSID <input type="checkbox"/>		2. Did not open <input type="checkbox"/>	
BFP TEST KIT MANUFACTURER:		KIT MODEL NO.:	KIT SERIAL NO.:	KIT CALIBRATION:	DATE CALIBRATED:	COMPANY:
REMARKS:						
I HEREBY CERTIFY THAT THIS DATA IS ACCURATE (TRUE) AND REFLECTS THE PROPER OPERATION, TEST, AND/OR MAINTENANCE OF THIS ASSEMBLY.						
RETURN REPORT TO:		THIS BACKFLOW ASSEMBLY HAS <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED TESTING.				
FAYETTE COUNTY WATER SYSTEM BACKFLOW PREVENTION PROGRAM 444 Dividend Drive Peachtree City, GA 30269 Phone No: (770)320-6082 Fax No: (770)719-5523		TESTED BY: (SIGNATURE)			TESTED BY: (NAME ,ADDRESS & PHONE NUMBER)	
		REPAIRED BY: (SIGNATURE)			REPAIRED BY: (NAME AND FIRM)	
		FINAL TEST BY: (SIGNATURE)			FINAL TEST BY: (NAME AND FIRM)	
		TRAINING CERTIFICATE NO.:			CERTIFICATE EXPIRATION DATE:	